

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

Family Independence Agency

ICPC – 100B

TO: (Name and Address of Compact Administrator)	FROM: (Name and Address of Reporting ICPC Admin.)
--	--

IDENTIFYING INFORMATION

Child's Name	Birth Date
Mother's Name	Father's Name
Name of Placement Resource	

PLACEMENT STATUS

Placement Request Withdrawn: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Withdrawn
<input type="checkbox"/> Initial Placement With: Name	Placement Date
Address	
Type of Care	
<input type="checkbox"/> Placement Change: <input type="checkbox"/> Name	Date
<input type="checkbox"/> Address	
<input type="checkbox"/> Type of Care	

COMPACT TERMINATION

Reason:

☐ Adoption Finalized ☐ In Sending State ☐ In Receiving State

☐ Child Reached Majority / Legally Emancipated

☐ Legal Custody and / or Guardianship Awarded and / or Returned to:

Name: _____ Relationship: _____

☐ Treatment Completed

☐ Sending State's Jurisdiction Terminated

☐ Child Returned to Sending State

☐ Approved Resource Will Not Be Used For Placement

☐ Other (Specify): _____

Date of Termination: _____

SIGNATURES

Person / Agency Supplying Information	Date
Reporting Compact Administrator or Alternate	Date

AUTHORITY: Public Act 114, 1984.
COMPLETION: Required.
PENALTY: Sending/Receiving Agency could lose their license.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

DISTRIBUTION:

Complete four (4) copies of this form
Sending agency retains one (1) copy and forward three (3) copies to:
Sending Compact administrator retains one (1) copy and forwards two (2) copies to:
Receiving Compact Administrator retains one (1) copy, forwards one (1) copy to the receiving agency.